



ACCOMMODATION COMPLAINT FORM

Personal Details: (Mr/Mrs/Miss/Ms):

Address:

Postcode: Contact Number: Email

Name of Establishment you are complaining about:

Address:

..... Room/Unit No.....

Postcode: Telephone Number..... E-mail address.....

Date of Arrival: Date Of Departure:

Was the establishment accredited: YES NO



Other
Please State

.....

Do you agree to your name and address being passed to the Establishment / Business concerned? YES NO

Please note: Where permission is not granted for referral to the establishment, the complaint will be used for information only by Blackpool Council, and if applicable the accrediting organisation. However, issues of a regulatory nature for example fire, health and safety, environmental health, public protection will be passed to the appropriate authority.

Details of complaint

Did you make the proprietor aware of the problem during or after your visit? YES NO

To whom did you speak (Please provide position and name if known)?

Was any action taken to address the complaint? YES NO

If yes, what action was taken?
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.....

Were you offered a refund or credit? Yes / No

What amount were you offered? £.....

Space has been provided overleaf for details of your complaint.

